

August 19, 2021

Dear Clerk:

Please docket my motion with attachments. Could you also mail me a certified time stamped copy?

Thank you,

Emanuel Shirkill



FILED
U.S. DISTRICT COURT
JUL 24 2021
SDNY

United States Bankruptcy Court
Southern District of New York

In re

Purdue Pharma L.P., - et al.,
Debtors

Chapter 11

Case No. 19-23649 (RDD)
(Jointly Administered)

Motion for Tolling of Filing Deadline

Come now Movant Emmanuel Shirkill request the order of the court to toll the filing deadline of July 30, 2020, 5:00 p.m. (EST) of the above action and accept the filing of the enclosed "Personal Injury Claimant Proof of Claim Form". Movant was subject to the perils of the COVID-19 pandemic incurring injury and rehabilitation and as a result was unable to meet the filing deadline. Movant prays the court will grant tolling of this late filing.

I declare under penalty of perjury the foregoing is true and correct.

Without Prejudice,

By: 

Done this day of July, 2021

Emmanuel Shirkill


FILED
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
JUL 29 2021
CLERK OF COURT

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., et al.,

Debtors.

Chapter 11

Case No. 19-23649 (RDD)

(Jointly Administered)

General Opioid Claimant Proof of Claim Form

You may file your claim electronically at PurduePharmaClaims.com via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit PurduePharmaClaims.com.

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

Do not use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

You must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents as they will not be returned, and they may be destroyed after scanning.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Part 1: Identify the Claim

1. Who is the current creditor?

Emanuel Thirkill Emanuel Thirkill
Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.
Other names the creditor used with the debtor, including maiden, d/b/a, or other names used:

n/a

2. Describe the creditor making the claim.

☒ Individual ☐ Retirement or Pension Fund Administrator
☐ Hospital ☐ Pharmacy Benefit Manager
☐ Third Party Payor ☐ Other (describe): _____

3. Has this claim been acquired from someone else or some other entity?

☒ No
☐ Yes. From whom? _____

4. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Emanuel Thirkill
Name

Where should payments to the creditor be sent? (if different)

Emanuel Thirkill
Name

[Redacted Address Block]

Contact phone _____

Contact phone _____

Contact email _____

Contact email _____

5. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on ____ / ____ / ____
MM / DD / YYYY

6. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

Part 2: Attorney Information (Optional)

7. Are you represented by an attorney in this matter?

☒ No.

☐ Yes. If yes, please provide the following information:

You do not need an attorney to file this form.

Law Firm Name _____

Attorney Name _____

Address _____

City _____

State _____

ZIP Code _____

Contact phone _____

Contact email _____

Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim

8. Do you have any number you use to identify the debtor?

☒ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

9. How much is the claim?

\$ 5,000,000.00 Five Million dollars

☐ Unknown.

10. When do You allege You were first injured as a result of the Debtors' alleged conduct?

December 2013
Month Year

11. Describe the conduct of the Debtors You allege resulted in injury or damages to You.

Attach additional sheets if necessary.

I was the victim of three gun shot wounds in Nashville TN taken to Vanderbilt Hospital, released and prescribed Percocet whereby I became addicted and to heroin and subsequently landed in prison destroying my life. See the enclosed police report.

12. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.

Attach additional sheets if necessary.

I had to resort to crime to support my addiction. I'm currently in federal prison.

13. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek (for example, actual damages, compensatory damages, punitive damages, and/or penalty damages).

Please attach all supporting documentation including, but not limited to, any records supporting Your claims of damages, if You would like (but You are not required), to supplement this proof of claim. Do not include medical records.

Monetary relief - 20 years of lost income - \$1,000,000.00 for punitive damages

Punitive damages - \$4,000,000.00

14. Have you ever filed a lawsuit against any of the Debtors at any time?

☒ No

☐ Yes. If yes, please provide the following information and attach supporting documentation:

Case Caption: _____

Court and Case/Docket Number: _____

Attorney Information:

Law Firm Name

Attorney Name

Address

City State ZIP Code

Contact phone Contact email

Part 4: Non-Opioid-Related Claims

15. Do You believe You have any claims against the Debtors based on non-opioid-related claims or harm?

☒ No.

☐ Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

16. How much is the claim?

\$ _____ or

☐ Unknown.

Part 5: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/19/2021 (mm/dd/yyyy)


Signature

Print the name of the person who is completing and signing this claim:

Name

Emanuel Thirkill
First name Middle name Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Code

M.P.D FORM 100
(Rev. 5-00)
CALEA 42.2.4, 82.2.1, 82.2.4

Incident Report



Metropolitan Police Department
Nashville, Tennessee
ver 3.2

ZONE
511

R.P.A.
8209

1. MPD Incident No.
2013-0716145

Part 1 Incident		2. Related Incident <input checked="" type="checkbox"/> N/A					
		3. Other Police Agency & Case Incident No. <input checked="" type="checkbox"/> N/A					
4. Report Type DISPATCHED		5. Report Date/Time 07/29/2013 01:54		6. Incident Date/Time (From/To) 07/28/2013 23:00 - 07/28/2013 23:00		Precinct Hermitage Precinct	
		<input type="checkbox"/> UNK		Apt No	City	State	Zip Code <input type="checkbox"/>
		<input type="checkbox"/> Same as Block No 7		Apt No	City	State	Zip Code <input checked="" type="checkbox"/>
Cross Street:							
# 1	9. Offense CODE 13A	10. Offense Description AGGRAVATED ASSAULT			11. Status COMPLETED	12. Location Type CODE PARKING LOT, GARAGE	
13. Weapon CODE (Enter up to 3)		HANDGUN					
# 2	9. Offense CODE 290	10. Offense Description DAMAGE PROP - PRIVATE			11. Status COMPLETED	12. Location Type CODE PARKING LOT, GARAGE	
13. Weapon CODE (Enter up to 3)		HANDGUN					
# 3	9. Offense CODE 520	10. Offense Description WEAPONS LAW VIOLATION			11. Status COMPLETED	12. Location Type CODE PARKING LOT, GARAGE	
13. Weapon CODE (Enter up to 3)		HANDGUN					
14. Criminal Activity Code (Enter Up To 3)		Using/Consuming					
15. Hate Crime Suspected NO		16. Suspected Gang Activity NO		16a. Terrorism Suspected NO		17. (For Burglary) Forced Entry If Hotel/Motel/rental Storage No. of Premises Entered	
		18. (For Burglary/Robbery) Home Invasion?					
Part 2 <input type="checkbox"/> N/A		31. Victim Type Individual (18 and over)			19. (Last, First, Middle Name or Business Name) <input type="checkbox"/> UNK <input checked="" type="checkbox"/> MNI 57980143		
Victim		20. SSN <input type="checkbox"/> UNK <input type="checkbox"/> N/A			21. Driver License (State (Number)) <input type="checkbox"/> UNK <input type="checkbox"/> N/A		
No. 1		22. Address of Victim Street <input type="checkbox"/> UNK		Apt No	City	State	Zip Code <input checked="" type="checkbox"/>
Same as Address of Incident (Block #8) <input type="checkbox"/>		Cross Street		E-Mail Address			
23. Sex	24. Race	25. Ethnicity	27. County Resident	28. DOB <input type="checkbox"/> UNK <input type="checkbox"/> N/A	29. Age <input type="checkbox"/> N/A		
				Years			
29. Phone Numbers		HM:		WK:		Cell/ Pager:	
30. Victim of Offenses: (Ref Block #9)		13A					

Incident Report
M.P.D. Form 100

128.

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1. M.P.D. Incident No.:

2013-0716145

32. Local College Student? (If Yes, List Name of College/University)

N/A

33. Employment

☒ N/A

(Name)

☐ MNI

(Address)

(Apt No

(Cross Street)

(City)

(State) TN

(Zip Code)

(Email Address)

34. Domestic Disturbance? N/A

If Yes, Answer
the Following
Questions

Was Order of
Protection
Violated?

Was Victim
taken to
Safe Place?

Were Children
taken to
Safe Place?

Were Children
Present During
Incident?

35. Victim to Suspect

Relationship

35. Victim to Suspect

Relationship

36. Aggravated Assault/Homicide Circumstances
UNKNOWN CIRCUMSTANCES

37. Negligent Manslaughter

38. Justifiable Homicide

Part 2
Victim
No. 2

☐ N/A

31. Victim Type

Individual (18 and over)

19. (Last, First, Middle Name or Business Name)

☐ UNK ☒ MNI

70614719

20. SSN

☐ UNK ☐ N/A

21. Driver License

(State) (Number)

☐ UNK ☐ N/A

Same as Address
of Incident
(Block #8)

☐

22. Address of Victim Street

☐ UNK

Apt No

City

State

Zip Code

E-Mail Address

Cross Street

23. Sex

24. Race

25. Ethnicity

27. County Resident

28. DOB ☐ UNK ☐ N/A

29. Age ☐ N/A

Years

29. Phone Numbers

HM:

WK:

Cell/
Pager:

30. Victim of Offenses:
(Ref Block #9)

290

32. Local College Student? (If Yes, List Name of College/University)

N/A

33. Employment

☒ N/A

(Name)

☐ MNI

(Address)

(Apt No

(Cross Street)

(City)

(State) TN

(Zip Code)

(Email Address)

34. Domestic Disturbance?

If Yes, Answer
the Following
Questions

Was Order of
Protection
Violated?

Was Victim
taken to
Safe Place?

Were Children
taken to
Safe Place?

Were Children
Present During
Incident?

35. Victim to Suspect

Relationship

35. Victim to Suspect

Relationship

36. Aggravated Assault/Homicide Circumstances

37. Negligent Manslaughter

38. Justifiable Homicide

Incident Report
M.P.D. Form 100

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1. M.P.D. Incident No.:

2013-0716145

Part 3		92. (Last, First, Middle Name) <input type="checkbox"/> Alias <input checked="" type="checkbox"/> UNK <input type="checkbox"/> MNI				94. SSN or Driver Lic. No.	
Suspect # 2							
93. Address Street <input checked="" type="checkbox"/> UNK		Apt #	City	State	Zip Code	95. Phone No. <input checked="" type="checkbox"/> UNK	
Cross Street:							
97. Sex	98. Race	99. Ethnicity	100. DOB <input checked="" type="checkbox"/> UNK	101. Age <input checked="" type="checkbox"/> UNK Yrs	104. Height ' "	105. Weight lbs	
106. Hair		107. Eyes					
108. Scars and Other Identifiers				109. Clothing			
102. Suspected of Using <input checked="" type="checkbox"/> NA Alcohol Drugs Computer				103. Status (Enter up to 2)			
96. Weapon/Tool (Enter Up To 3)							
110. Vehicle Used <input type="radio"/> Seized (If seized, complete Part 5, Motor Vehicle Section) <input type="checkbox"/> MVI							
(Year)	(Make)	(Model)	(Style)	(Color)	(License No.)	(State)	(Yr)
						TN	
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) Other		40. (Last, First, Middle Name) <input checked="" type="checkbox"/> MNI 58244911			
Other Person # 1							
41. Address Street <input type="checkbox"/> UNK		Apt No.	City	State	Zip Code	42. Place of Employment/School <input checked="" type="checkbox"/> UNK	
Cross Street:							
43. Status PERSON QUESTIONED	44. Sex	45. Race	47. DOB <input type="checkbox"/> UNK	46. Age <input type="checkbox"/> UNK Yrs	48. Phone Numbers HM WK		
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) Other		40. (Last, First, Middle Name) <input checked="" type="checkbox"/> MNI 70597198			
Other Person # 2							
41. Address Street <input type="checkbox"/> UNK		Apt No.	City	State	Zip Code	42. Place of Employment/School <input checked="" type="checkbox"/> UNK	
Cross Street:							
43. Status PERSON QUESTIONED	44. Sex	45. Race	47. DOB <input type="checkbox"/> UNK	46. Age <input type="checkbox"/> UNK Yrs	48. Phone Numbers HM WK		
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) Other		40. (Last, First, Middle Name) <input checked="" type="checkbox"/> MNI 65889474			
Other Person # 3							
41. Address Street <input type="checkbox"/> UNK		Apt No.	City	State	Zip Code	42. Place of Employment/School <input checked="" type="checkbox"/> UNK	
Cross Street:							
43. Status PERSON QUESTIONED	44. Sex	45. Race	47. DOB <input type="checkbox"/> UNK	46. Age <input type="checkbox"/> UNK Yrs	48. Phone Numbers HM WK		




Incident Report
M.P.D. Form 100

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1. M.P.D. Incident No.:

2013-0716145

Part 2 Victim No. 3	<input type="checkbox"/> N/A		31. Victim Type Society		19. (Last, First, Middle Name or Business Name) <input type="checkbox"/> UNK <input checked="" type="checkbox"/> MNI 57887311			
					State of TN (Society)			
Same as Address of Incident (Block #8) <input type="checkbox"/>	22. Address of Victim Street <input type="checkbox"/> UNK 200 JAMES ROBERTSON PKWY		Apt No	City NASHVILLE	State TN	Zip Code 37201 <input checked="" type="checkbox"/>	E-Mail Address	
	Cross Street							
29. Phone Numbers		HM:		WK: 		Cell/ Pager:		
30. Victim of Offenses: (Ref Block #9)		520						
34. Domestic Disturbance?		If Yes, Answer the Following Questions		Was Order of Protection Violated?	Was Victim taken to Safe Place?	Were Children taken to Safe Place?	Were Children Present During Incident?	
35. Victim to Suspect		Relationship						
36. Aggravated Assault/Homicide Circumstances		37. Negligent Manslaughter		38. Justifiable Homicide				
Part 3 Suspect # 1		92. (Last, First, Middle Name) <input type="checkbox"/> Alias <input checked="" type="checkbox"/> UNK <input type="checkbox"/> MNI				94. SSN or Driver Lic. No.		
93. Address Street <input checked="" type="checkbox"/> UNK		Apt #	City	State	Zip Code	95. Phone No. <input checked="" type="checkbox"/> UNK		
Cross Street:								
97. Sex	98. Race	99. Ethnicity	100. DOB <input checked="" type="checkbox"/> UNK	101. Age <input checked="" type="checkbox"/> UNK Yrs	104. Height "	105. Weight lbs		
106. Hair		107. Eyes 						
108. Scars and Other Identifiers		109. Clothing						
102. Suspected of Using <input checked="" type="checkbox"/> NA Alcohol Drugs Computer		103. Status (Enter up to 2)						
96. Weapon/Tool (Enter Up To 3)								
110. Vehicle Used <input type="radio"/> Seized (If seized, complete Part 5, Motor Vehicle Section) <input type="checkbox"/> MVI								
(Year)	(Make)	(Model)	 (Style)	(Color)	(License No.)	(State)	(Yr)	

Incident Report
M.P.D. Form 100

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1. M.P.D. Incident No.:

2013-0716145

Part 5 Property

☐ N/A

49. Victim/Suspect No.

Victim

2

50. Cat CODE

03-AUTOMOBILES: SEDANS, COUPES, STATION WAG

Category (Other)

51. Property Description
(Make) (Model) (Size) (Type) (Color)

FRONT LEFT VEHICLE TIRE

52. Serial No.

Owner Applied No.

53. QTY

1

54. Type CODE Damaged (Non Arson)

55. Cond CODE UNDAMAGED (USED)

Condition CODE (Other)

56. Est \$ Value 100

57. Date Recovered

Recovered \$Value

58. Stored By CODE Victim

Stored By (Other)

Part 5 Property

☐ N/A

49. Victim/Suspect No.

Victim

2

50. Cat CODE

29-STRUCTURES-SINGLE OCCUPANCY DWELLINGS: H

Category (Other)

51. Property Description
(Make) (Model) (Size) (Type) (Color)

GLASS WINDOW

52. Serial No.

Owner Applied No.

53. QTY

1

54. Type CODE Damaged (Non Arson)

55. Cond CODE UNDAMAGED (USED)

Condition CODE (Other)

56. Est \$ Value 100

57. Date Recovered

Recovered \$Value

58. Stored By CODE Victim

Stored By (Other)

Part 6 Injury & Transport

☐ N/A

85. Injured

Victim

1

THIRKILL, EMMANUEL

86. "Injury" Code (Enter Up to 5)

APPARENT MINOR INJURY

87. Describe Injury GUN SHOT WOUNDS TO RT CALF, RT INDEX FINGER, LT BUTTOCKS

88. Medical Treatment VANDERBILT

89. Transported By Self

90. Examining Physician ☒ N/A

91. Status

Part 7 Search By Officer

☐ N/A

111. Search Type

112. Searched Location (Address, Area, Etc.)

Evidence

Part 8 Other Units Requested

☐ N/A

113. I.D. Section Called To Scene:

Yes

Yes, for:

☒ Photos

☐ Prints

☐ Other

Other:

114. Other Units Called:

None

Part 10 Narrative

120.

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M.P.D. Form 100

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1. M.P.D. Incident No.:

2013-0716145

ON THIS DATE AND APPROXIMATE TIME POLICE RESPONDED TO THE AREA OF [REDACTED] IN RESPONSE TO A SHOTS FIRED, POSSIBLE SHOOTING CALL. WHEN POLICE ARRIVED AT THE PARKING LOT OUTSIDE [REDACTED] THEY OBSERVED MULTIPLE SHELL CASINGS. POLICE ESTABLISHED A CRIME SCENE. AROUND 2322 HRS VANDERBILT POLICE NOTIFIED MNPD DISPATCH AND ADVISED THEM THAT VICTIM 1 HAD JUST ARRIVED AT [REDACTED] DR. VANDERBILT ESTABLISHED A CRIME SCENE AROUND THE VEHICLE [REDACTED] HERMITAGE PRECINCT [REDACTED] RESPONDED TO [REDACTED] ST AND TO VANDERBILT HOSPITAL. [REDACTED] SPOKE WITH OP 1, OP 2, AND OP 3 AT THE HOSPITAL.

I, [REDACTED] RETRIEVED VICTIM 1'S CLOTHING (THAT WAS REMOVED BY MEDICAL STAFF AND BAGGED) AND GAVE IT TO ID [REDACTED] PROCESSED THE VEHICLE AND THE SCENE AT [REDACTED] FOR PHOTOGRAPHS AND HE COLLECTED EVIDENCE.

VICTIM 1 STATED TO MYSELF THAT HE WAS WALKING NEAR [REDACTED] WHEN 2 UNKNOWN MALE BLACK SUBJECTS APPROACHED HIM AND STATED "HEY MAN, WHAT'S UP". VICTIM 1 STATED BOTH SUSPECTS WERE ARMED WITH HANDGUNS. VICTIM 1 STATED THAT THESE SUSPECTS THEN BEGAN TO SHOOT AT HIM BEFORE HE COULD GET AWAY FROM THEM. DETECTIVE JOBE INTERVIEWED VICTIM 1.

VICTIM 2 STATED TO POLICE THAT DURING THE ABOVE DESCRIBED SHOOTING THAT HE WAS INSIDE HIS RESIDENCE WHEN HE HEARD HIS WINDOW BREAK AS A RESULT OF BEING SHOT. VICTIM 2'S VEHICLE, [REDACTED] WAS PARKED IN FRONT OF HIS RESIDENCE AND HE OBSERVED THAT A BULLET HAD ALSO DAMAGED HIS LEFT FRONT TIRE AND THAT IT WAS NOW FLAT.

121. Report is Continued on: ☒ N/A (Check all that apply)

☐ Supplement Report

☐ Addendum Report

122. Signature of Recipient/Authorizer: ☒ N/A ☐ Refuse to Sign THIRKILL, EMMANUEL

Victim 1

126. Advisory Notice Issued

Citizen Information Notice

122. Signature of Recipient/Authorizer: ☒ N/A ☐ Refuse to Sign [REDACTED]

Victim 2

126. Advisory Notice Issued

Citizen Information Notice

122. Signature of Recipient/Authorizer: ☒ N/A ☐ Refuse to Sign

Victim 3

126. Advisory Notice Issued

N/A

Will Victim Prosecute:

Victim 1 THIRKILL, EMMANUEL

Unsure (See Narr.)

Victim 2 [REDACTED]

Yes

Victim 3 State of TN (Society)

Yes

Primary Investigative Unit: HERMITAGE INVESTIGATIONS

Can Victim/Other Person Identify Suspect(s):

Victim 1 THIRKILL, EMMANUEL

No

Victim 2 [REDACTED]

No

Victim 3 State of TN (Society)

No

Person 1 [REDACTED]

No

Person 2 [REDACTED]

No

Person 3 [REDACTED]

No

Reporting Agency:

METROPOLITAN NASHVILLE POLICE DEPARTMENT

127. Case Status

Open

Cleared by Exception

☐ Cargo Theft

123. Reporting Officer (First, MI, Last)

Employee No.

Agency

Radio Call Sign District

TN0190100

511C

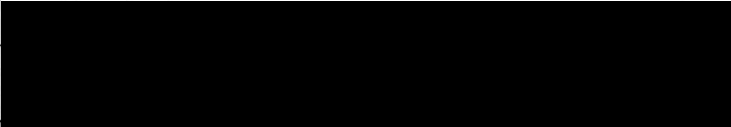
Incident Report
M.P.D. Form 100

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1. M.P.D. Incident No.:

2013-0716145

124. Approving Supervisor	Employee No.	Agency	
		TN0190100	
	b.	Agency	Date
		TN0190100	07/29/2013
Attachment			
Comments			

Crime Scene Photo(s) Taken: NO

M.P.D FORM 100
(Rev. 5-00)
CALEA 42.2.4, 82.2.1, 82.2.4

Incident Report



Metropolitan Police Department
Nashville, Tennessee
ver 3.2

ZONE
511

R.P.A.
8209

1. MPD Incident No.
2013-0716145

Part 1 Incident		2. Related Incident <input checked="" type="checkbox"/> N/A					
		3. Other Police Agency & Case Incident No. <input checked="" type="checkbox"/> N/A					
4. Report Type DISPATCHED		5. Report Date/Time 07/29/2013 01:54		6. Incident Date/Time (From/To) 07/28/2013 23:00 - 07/28/2013 23:00		Precinct Hermitage Precinct	
7. Reporting/Dispatched Location <input type="checkbox"/> UNK [REDACTED]				Apt No		City	
Cross Street:						State TN	
8. Address of Incident <input type="checkbox"/> Same as Block No 7 [REDACTED]				Apt No		City	
Cross Street:						State TN	
# 1	9. Offense CODE 13A	10. Offense Description AGGRAVATED ASSAULT			11. Status COMPLETED	12. Location Type CODE PARKING LOT, GARAGE	
13. Weapon CODE (Enter up to 3)		HANDGUN					
# 2	9. Offense CODE 290	10. Offense Description DAMAGE PROP - PRIVATE			11. Status COMPLETED	12. Location Type CODE PARKING LOT, GARAGE	
13. Weapon CODE (Enter up to 3)		HANDGUN					
# 3	9. Offense CODE 520	10. Offense Description WEAPONS LAW VIOLATION			11. Status COMPLETED	12. Location Type CODE PARKING LOT, GARAGE	
13. Weapon CODE (Enter up to 3)		HANDGUN					
14. Criminal Activity Code (Enter Up To 3)		Using/Consuming					
15. Hate Crime Suspected NO		16. Suspected Gang Activity NO		16a. Terrorism Suspected NO		17. (For Burglary) Forced Entry	
				If Hotel/Motel/rental Storage No. of Premises Entered		18. (For Burglary/Robbery) Home Invasion?	
Part 2 <input type="checkbox"/> N/A Victim No. 1		31. Victim Type Individual (18 and over)			19. (Last, First, Middle Name or Business Name) <input type="checkbox"/> UNK <input checked="" type="checkbox"/> MNI 57980143 THIRKILL EMMANUEL TYREL		
		20. SSN <input type="checkbox"/> UNK <input type="checkbox"/> N/A			21. Driver License (State (Number) <input type="checkbox"/> UNK <input type="checkbox"/> N/A		
Same as Address of Incident (Block #8) <input type="checkbox"/>	22. Address of Victim Street <input type="checkbox"/> UNK [REDACTED]		Apt No	City		State	Zip Code
	Cross Street			[REDACTED]			E-Mail Address
23. Sex	24. Race	25. Ethnicity	27. County Resident	28. DOB <input type="checkbox"/> UNK <input type="checkbox"/> N/A	29. Age <input type="checkbox"/> N/A	Years	
29. Phone Numbers HM:		WK:		Cell/ Pager:		[REDACTED]	
30. Victim of Offenses: (Ref Block #9)		13A					

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32. Local College Student? (If Yes, List Name of College/University)

N/A

33. Employment

(Name)

☐ MNI

☒ N/A

(Address)

(Apt No

(Cross Street)

(City)

(State) TN

(Zip Code)

(Email Address)

34. Domestic

Disturbance? N/A

If Yes, Answer
the Following
Questions

Was Order of
Protection
Violated?

Was Victim
taken to
Safe Place?

Were Children
taken to
Safe Place?

Were Children
Present During
Incident?

35. Victim to Suspect

Relationship

35. Victim to Suspect

Relationship

36. Aggravated Assault/Homicide Circumstances
UNKNOWN CIRCUMSTANCES

37. Negligent Manslaughter

38. Justifiable Homicide

Part 2

☐ N/A

Victim

No. 2

31. Victim Type

Individual (18 and over)

19. (Last, First, Middle Name or Business Name)

☐ UNK

☒ MNI

70814719

20. SSN

☐ UNK

☐ N/A

21. Driver
License

(State (Number)

☐ UNK

☐ N/A

Same as Address
of Incident
(Block #8)

☐

22. Address of Victim Street

☐ UNK

Apt No

City

State

Zip Code

E-Mail Address

Cross Street

23. Sex

24. Race

25. Ethnicity

27. County Resident

28. DOB ☐ UNK ☐ N/A

29. Age ☐ N/A

Years

29. Phone Numbers

HM:

WK:

Cell/
Pager:

30. Victim of Offenses:
(Ref Block #9)

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32. Local College Student? (If Yes, List Name of College/University)

N/A

33. Employment

(Name)

☐ MNI

☒ N/A

(Address)

(Apt No

(Cross Street)

(City)

(State) TN

(Zip Code)

(Email Address)

34. Domestic

Disturbance?

If Yes, Answer
the Following
Questions

Was Order of
Protection
Violated?

Was Victim
taken to
Safe Place?

Were Children
taken to
Safe Place?

Were Children
Present During
Incident?

35. Victim to Suspect

Relationship

35. Victim to Suspect

Relationship

36. Aggravated Assault/Homicide Circumstances

37. Negligent Manslaughter

38. Justifiable Homicide

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Part 2 Victim No. 3	<input type="checkbox"/> N/A		31. Victim Type Society		19. (Last, First, Middle Name or Business Name) <input type="checkbox"/> UNK <input checked="" type="checkbox"/> MNI 57887311			
					State of TN (Society)			
Same as Address of Incident (Block #8) <input type="checkbox"/>	22. Address of Victim Street <input type="checkbox"/> UNK		Apt No	City	State	Zip Code	E-Mail Address	
	200 JAMES ROBERTSON PKWY			NASHVILLE	TN	37201 <input checked="" type="checkbox"/>		
		Cross Street						
29. Phone Numbers		HM:		WK:		Cell/ Pager:		
30. Victim of Offenses: (Ref Block #9)		520						
34. Domestic Disturbance?		If Yes, Answer the Following Questions		Was Order of Protection Violated?		Were Children taken to Safe Place?		
						Were Children Present During Incident?		
35. Victim to Suspect		Relationship						
36. Aggravated Assault/Homicide Circumstances		37. Negligent Manslaughter		38. Justifiable Homicide				
Part 3 Suspect # 1	92. (Last, First, Middle Name) <input type="checkbox"/> Alias <input checked="" type="checkbox"/> UNK <input type="checkbox"/> MNI				94. SSN or Driver Lic. No.			
93. Address Street <input checked="" type="checkbox"/> UNK		Apt #	City	State	Zip Code	95. Phone No. <input checked="" type="checkbox"/> UNK		
Cross Street:								
97. Sex	98. Race	99. Ethnicity	100. DOB <input checked="" type="checkbox"/> UNK	101. Age <input checked="" type="checkbox"/> UNK Yrs	104. Height "	105. Weight lbs		
106. Hair		107. Eyes						
108. Scars and Other Identifiers			109. Clothing					
102. Suspected of Using <input checked="" type="checkbox"/> NA Alcohol Drugs Computer			103. Status (Enter up to 2)					
96. Weapon/Tool (Enter Up To 3)								
110. Vehicle Used <input type="radio"/> Seized (If seized, complete Part 5, Motor Vehicle Section) <input type="checkbox"/> MVI								
(Year)	(Make)	(Model)	(Style)	(Color)	(License No.)	(State)	(Yr)	

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Part 3		92. (Last, First, Middle Name) <input type="checkbox"/> Alias <input checked="" type="checkbox"/> UNK <input type="checkbox"/> MNI				94. SSN or Driver Lic. No.	
Suspect # 2							
93. Address Street <input checked="" type="checkbox"/> UNK		Apt #	City		State	Zip Code	95. Phone No. <input checked="" type="checkbox"/> UNK
Cross Street:							
97. Sex	98. Race		99. Ethnicity		100. DOB <input checked="" type="checkbox"/> UNK	101. Age <input checked="" type="checkbox"/> UNK Yrs	104. Height ' "
							105. Weight lbs
106. Hair		107. Eyes					
108. Scars and Other Identifiers				109. Clothing			
102. Suspected of Using <input checked="" type="checkbox"/> NA Alcohol Drugs Computer				103. Status (Enter up to 2)			
96. Weapon/Tool (Enter Up To 3)							
110. Vehicle Used <input type="radio"/> Seized (If seized, complete Part 5, Motor Vehicle Section) <input type="checkbox"/> MVI							
(Year)	(Make)	(Model)	(Style)		(Color)	(License No.)	(State) TN
(Yr)							
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) Other		40. (Last, First, Middle Name) <input checked="" type="checkbox"/> MNI 58244911			
Other Person # 1							
41. Address Street <input type="checkbox"/> UNK		Apt No.	City		State	Zip Code	42. Place of Employment/School <input checked="" type="checkbox"/> UNK
Cross Street:							
43. Status	44. Sex	45. Race		47. DOB <input type="checkbox"/> UNK	46. Age <input type="checkbox"/> UNK Yrs	48. Phone Numbers HM WK	
PERSON QUESTIONEI							
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) Other		40. (Last, First, Middle Name) <input checked="" type="checkbox"/> MNI 70597198			
Other Person # 2							
41. Address Street <input type="checkbox"/> UNK		Apt No.	City		State	Zip Code	42. Place of Employment/School <input checked="" type="checkbox"/> UNK
Cross Street:							
43. Status	44. Sex	45. Race		47. DOB <input type="checkbox"/> UNK	46. Age <input type="checkbox"/> UNK Yrs	48. Phone Numbers HM WK	
PERSON QUESTIONEI							
Part 4 <input type="checkbox"/> N/A		39. Other Person Type (Non-Victim) Other		40. (Last, First, Middle Name) <input checked="" type="checkbox"/> MNI 65889474			
Other Person # 3							
41. Address Street <input type="checkbox"/> UNK		Apt No.	City		State	Zip Code	42. Place of Employment/School <input checked="" type="checkbox"/> UNK
Cross Street:							
43. Status	44. Sex	45. Race		47. DOB <input type="checkbox"/> UNK	46. Age <input type="checkbox"/> UNK Yrs	48. Phone Numbers HM WK	
PERSON QUESTIONEI							

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Part 5 Property		49. Victim/Suspect No.	
<input type="checkbox"/> N/A		Victim	2 [REDACTED]
50. Cat CODE		03-AUTOMOBILES: SEDANS, COUPES, STATION WAG	
		Category (Other)	
51. Property Description (Make) (Model) (Size) (Type) (Color)			
FRONT LEFT VEHICLE TIRE			
52. Serial No.		Owner Applied No.	
		53. QTY 1	
54. Type CODE		55. Cond CODE	
Damaged (Non Arson)		UNDAMAGED (USED)	
		Condition CODE (Other)	
56. Est \$ Value 100		57. Date Recovered	
		Recovered \$Value	
58. Stored By CODE		Stored By (Other)	
Victim			
Part 5 Property			
<input type="checkbox"/> N/A		49. Victim/Suspect No.	
		Victim	2 [REDACTED]
50. Cat CODE		29-STRUCTURES-SINGLE OCCUPANCY DWELLINGS: H	
		Category (Other)	
51. Property Description (Make) (Model) (Size) (Type) (Color)			
GLASS WINDOW			
52. Serial No.		Owner Applied No.	
		53. QTY 1	
54. Type CODE		55. Cond CODE	
Damaged (Non Arson)		UNDAMAGED (USED)	
		Condition CODE (Other)	
56. Est \$ Value 100		57. Date Recovered	
		Recovered \$Value	
58. Stored By CODE		Stored By (Other)	
Victim			
Part 6 Injury & Transport			
<input type="checkbox"/> N/A		85. Injured	
		Victim	1 THIRKILL, EMMANUEL
86. "Injury" Code (Enter Up to 5)			
APPARENT MINOR INJURY			
87. Describe Injury GUN SHOT WOUNDS TO RT CALF, RT INDEX FINGER, LT BUTTOCKS			
88. Medical Treatment VANDERBILT		89. Transported By Self	
90. Examining Physician <input checked="" type="checkbox"/> N/A		91. Status	
Part 7 Search By Officer			
<input type="checkbox"/> N/A		111. Search Type	
		112. Searched Location (Address, Area, Etc.)	
		Evidence [REDACTED]	
Part 8 Other		113.I.D. Section Called To Scene:	
<input type="checkbox"/> N/A		Yes	
Units Requested		Yes, for: <input checked="" type="checkbox"/> Photos <input type="checkbox"/> Prints <input type="checkbox"/> Other Other:	
114. Other Units Called:			
None			
Part 10 Narrative		120.	

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1. M.P.D. Incident No.:

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ON THIS DATE AND APPROXIMATE TIME POLICE RESPONDED TO THE AREA OF [REDACTED] IN RESPONSE TO A SHOTS FIRED, POSSIBLE SHOOTING CALL. WHEN POLICE ARRIVED AT THE PARKING LOT OUTSIDE [REDACTED] THEY OBSERVED MULTIPLE SHELL CASINGS. POLICE ESTABLISHED A CRIME SCENE. AROUND 2322 HRS VANDERBILT POLICE NOTIFIED MNPD DISPATCH AND ADVISED THEM THAT VICTIM 1 HAD JUST ARRIVED AT [REDACTED] VANDERBILT ESTABLISHED A CRIME SCENE AROUND THE VEHICLE, [REDACTED] HERMITAGE PRECINCT [REDACTED] RESPONDED TO [REDACTED] AND TO VANDERBILT HOSPITAL. [REDACTED] SPOKE WITH OP 1, OP 2, AND OP 3 AT THE HOSPITAL.

I, [REDACTED] RETRIEVED VICTIM 1'S CLOTHING (THAT WAS REMOVED BY MEDICAL STAFF AND BAGGED) AND GAVE IT TO ID [REDACTED] PROCESSED THE VEHICLE AND THE SCENE AT [REDACTED] FOR PHOTOGRAPHS AND HE COLLECTED EVIDENCE.

VICTIM 1 STATED TO MYSELF THAT HE WAS WALKING NEAR [REDACTED] WHEN 2 UNKNOWN MALE BLACK SUBJECTS APPROACHED HIM AND STATED "HEY MAN, WHAT'S UP". VICTIM 1 STATED BOTH SUSPECTS WERE ARMED WITH HANDGUNS. VICTIM 1 STATED THAT THESE SUSPECTS THEN BEGAN TO SHOOT AT HIM BEFORE HE COULD GET AWAY FROM THEM. [REDACTED] INTERVIEWED VICTIM 1.

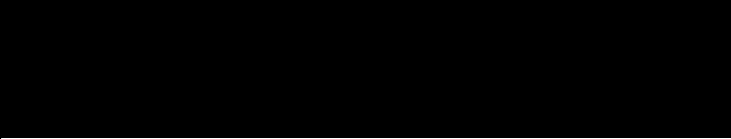
VICTIM 2 STATED TO POLICE THAT DURING THE ABOVE DESCRIBED SHOOTING THAT HE WAS INSIDE HIS RESIDENCE WHEN HE HEARD HIS WINDOW BREAK AS A RESULT OF BEING SHOT. VICTIM 2'S VEHICLE, [REDACTED] WAS PARKED IN FRONT OF HIS RESIDENCE AND HE OBSERVED THAT A BULLET HAD ALSO DAMAGED HIS LEFT FRONT TIRE AND THAT IT WAS NOW FLAT.

121. Report is Continued on: <input checked="" type="checkbox"/> N/A (Check all that apply) <input type="checkbox"/> Supplement Report <input type="checkbox"/> Addendum Report			
122. Signature of Recipient/Authorizer: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Refuse to Sign THIRKILL, EMMANUEL		126. Advisory Notice Issued	
Victim 1		Citizen Information Notice	
122. Signature of Recipient/Authorizer: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Refuse to Sign [REDACTED]		126. Advisory Notice Issued	
Victim 2		Citizen Information Notice	
122. Signature of Recipient/Authorizer: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Refuse to Sign		126. Advisory Notice Issued	
Victim 3		N/A	
Will Victim Prosecute:			
Victim 1	THIRKILL, EMMANUEL	Unsure (See Narr.)	Victim 2 [REDACTED] Yes
Victim 3	State of TN (Society)	Yes	Primary Investigative Unit: HERMITAGE INVESTIGATIONS
Can Victim/Other Person Identify Suspect(s):			
Victim 1	THIRKILL, EMMANUEL	No	Victim 2 [REDACTED] No
Victim 3	State of TN (Society)	No	Person 1 [REDACTED] No
Person 2	[REDACTED]	No	Person 3 [REDACTED] No
Reporting Agency: METROPOLITAN NASHVILLE POLICE DEPARTMENT			
127. Case Status Open		Cleared by Exception <input type="checkbox"/> Cargo Theft	
123. Reporting Officer (First, MI, Last)		Employee No.	Agency Radio Call Sign District
[REDACTED]			TN0190100 511C

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124. Approving Supervisor	Employee No.	Agency	
		TN0190100	
	o.	Agency	Date
		TN0190100	07/29/2013
Attachment			
Comments			

Crime Scene Photo(s) Taken: NO